

Complaint / Report Form

The Minnesota Emergency Medical Services Regulatory Board is seeking data from you which may be considered private or confidential under the Minnesota Data Practices Act. Minnesota Statutes section 13.04(2) requires the Board to notify you of the following four matters before you are asked to supply any private or confidential information about yourself. 1. The data is being collected as part of an investigation into another person's conduct, and the data will be used in determining whether disciplinary action is warranted. 2. As a licensee, training program, or person subject to the authority of the Board, Minnesota Statutes require that you cooperate with investigations of the Board. 3. The data requested may be used in a disciplinary proceeding or legal proceeding. 4. You are advised that the data which you supply will be accessible to staff of the Board and the Office of the Attorney General. It may be released to other persons and/or governmental entities who have statutory authority to review the data, investigate specific conduct and/or take appropriate legal action, including but not limited to law enforcement agencies and courts. Reports are confidential data. Except for the Board's final determination, all information received by the Board relating to disciplinary matters is confidential.

**** Please use blue or black ink only.**

Section 1: Your Name, Address & Telephone Number				
Name:				
Street Address:				
City:	State:	Zip:	Home/Mobile Phone:	Work Phone:
Email Address:				

Complete one or more of the following sections, as applicable.

Section 2: First Responder/EMR, EMT, AEMT, or Paramedic You Are Reporting				
Name:				
Street Address:				
City:	State:	Zip:	Home/Mobile Phone:	Work Phone:
Email Address:				
Registration/Certification # (If known):				

Section 3: Licensed Ambulance Service You Are Reporting				
Name:				
Street Address:				
City:	State:	Zip:	Contact person, if known:	Work Phone:

Section 4: Education Program You Are Reporting				
Name:				
Street Address:				
City:	State:	Zip:	Contact person, if known:	Work Phone:

[illegible]

[illegible]

Signature of Reporter

Date

Mail to address at the top of this form